				<i>}</i> -				ADE	licatio	n or i	Dock	cet Numb	er .		
PAYENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999															
CLAIMS AS FILED - PART I									SMALL ENTITY TYPE OF				OTHER THAN R SMALL ENTITY		
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MULTIPLE DEPENDENT CLAIM PRESENT							+1	30=		o	R	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL												<u> [[[6]4</u>			
				MENDED	- PART II	(Column 3)	SN	IALL E	ENTIT	y 0	R	OTHER SMALL E			
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-	ti the "Highest !"	Number I	Previously I	Paid For IN Thaid For (Total)	(IS SPACE is less to or independent) is t	nan 3, enter "3." he highest rumi	bor tound	in the a	appropri	ate bo	z in a	otumn 1.	•		
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